Print Form

MONTHLY & WEEKLY

FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY

20160822000302090 1/3 $.00
Shelby Cnty Judge of Probate, AL
08/22/2016 12:28:11 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official	Political Party/Ballot Affiliation
Tony Picklesimer	
Office Sought or Held (include district or circuit number, if applicable) Mayor - Chelsea	
Address ☐ Check box if reporting new address 108 Lake Chelsea Drive	
City Chelsea State AL ZIP Code 35043	Telephone Number [redacted]

Type of Report (check one)

☐ Monthly ☐ Amended Monthly
☒ Weekly ☐ Amended Weekly

For Monthly Reports Month in which the report is filed. 8-19-16

For Weekly Reports Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

Summary of activity since last filed report					
1	Beginning balance (ending balance from previous filing)			1	5248.10
	Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	2000.00		
2b	Non-itemized cash contributions	2b			
2c	Total cash contributions (add lines 2a and 2b)			2c	2000.00
	In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a			
3b	Non-itemized in-kind contributions	3b			
3c	Total in-kind contributions (add lines 3a and 3b)	3c			
	Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a			
4b	Non-itemized Receipts from Other Sources	4b			
4c	Total receipts from other sources (add lines 4a and 4b)			4c	
	Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	3000.00		
5b	Non-itemized expenditures	5b			
5c	Total expenditures (add lines 5a and 5b)			5c	3000.00
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			6	4248.10

Candidates for State Office: File this report with the Office of the Secretary of State.
Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which the office is sought.

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

Tony Picklesimer — 8-22-16
Signature of Candidate or Elected Official — Date

Sworn to and subscribed before me this 22 day of August of the year 2016. My commission expires the 22 day of April of the year 2018.

Diane A Thomas
Signature of Notary Public

Diane A Thomas
Print Notary's Name

FORM REVISED 10 27.2011

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: _____

When total expenditures to a single recipient exceed $100.00, the FCPA requires all expenditures to that recipient be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
Chase VISA	PO Box 15123 Wilmington, DE 19850	X	X			X	X				multiple chgs	8/21/16	3000.00
	TOTAL EXPENDITURES THIS PAGE												

FORM REVISED 10.27.2011

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: _____

When total contributions from a single source exceed $100.00, the FCPA requires all contributions from that source to be itemized.
DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
AIA Builders PAC	PO Box 241305 Montgomery AL 36124			X			8/18/16	1000.00
The Brodgdon Group	1500 Resolute Drive Blount AL 35242	X					8/16/16	1000.00

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TOTAL CASH CONTRIBUTIONS THIS PAGE